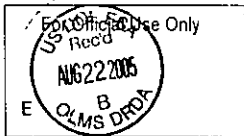


FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>12834</u>	2. Fiscal Year Covered From: <u>1 / 1 / 2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Kevin L. Starr</u> P.O. Box, Bldg., Room No., if any <u>P.O. # 103</u> Street <u>109 Plum</u> City <u>Anna</u> State <u>Illinois</u> ZIP Code + 4	4. Name, file number, and address of labor organization. Name <u>Laborers Local 773</u> Labor Organization File Number <u>021-127</u> P.O. Box, Building and Room Number, if any <u>P.O. # 1770</u> Street <u>1115 E. Main</u> City <u>Marion</u> State <u>IL</u> ZIP Code + 4 <u>62959 8115</u>
5. Position in labor organization. <u>Vice President / Field Rep</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Y.L.L. [Signature]

On

8-15-05

Date

618-993-5773

Telephone Number

Name of Person Filing Kevin L. Starr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Anthony C. Romolo Training Center**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **Rural Route 3**

City **Mt. Sterling**

State **Illinois** ZIP Code + 4 **62353**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Anthony C. Romolo Training Center**

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **Rural Route 3**

City **Mt. Sterling**

State **Illinois** ZIP Code + 4 **62353**

11.a. Nature of such dealing.

Training

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Food & Room

12.b. Amount.

80.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing Kevin L. Starr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Central Laborers' Pension, Welfare & Annuity Funds**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. # 1267**

Street

City **Jacksonville**

State **Illinois** ZIP Code + 4 **62651**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Central Laborers' Pension, Welfare & Annuity Funds**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any **P.O. # 1267**

Street

City **Jacksonville**

State **Illinois** ZIP Code + 4 **62651**

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Meals & Refreshments

12.b. Amount. **26.44**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Kevin L. Starr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Southern Illinois LECET**

Trade Name, if any: **LECET**

P.O. Box, Bldg., Room No., if any **P.O. Box 1240**

Street

City **Marion**

State **Illinois** ZIP Code + 4 **62959**

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **LECET**

Trade Name, if any: **LECET**

P.O. Box, Bldg., Room No., if any **P.O. Box 1240**

Street

City **Marion**

State **Illinois** ZIP Code + 4 **62959**

11.a. Nature of such dealing.

Laborers - Employers Cooperation and Education Trust (LECET) secure projects and jobs, increasing Union - Sector market share, advertises their services, develops a workforce, and advances shared market-related interests.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Participated in Fellowship of Christian Athletes Golf tournament in which LECET paid for.

12.b. Amount. **75⁰⁰**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing <u>Kevin L. Starr</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Southern Illinois Laborers' & Employers Annuity Fund
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street 2035 Washington Ave.
 City Cairo
 State Illinois ZIP Code + 4 62914

9. Business deals with:

- a. Labor Organization
- ☒ b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

11.a. Nature of such dealing.

Annuity Fund
ERTISA Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Tri Funds Conference
Airfare / Hotel / meals
Taxis / parking

12.b. Amount.

1676¹³

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name
 Trade Name, if any:
 P.O. Box, Bldg., Room No., if any
 Street
 City
 State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing Kevin L. Starr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name **Southern Illinois Laborers' & Employers Annuity Fund**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2035 Washington Ave.**

City **Carro**

State **Illinois** ZIP Code + 4 **62414**

9. Business deals with:

a. Labor Organization

☒ Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name **Southern Illinois Laborers' & Employers Annuity Fund**
Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street **2035 Washington Ave.**

City **Carro**

State **Illinois** ZIP Code + 4 **62414**

11.a. Nature of such dealing.

Annuity Fund
ERISA Fund

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received. **11/2004**
Center for Working Capital
Capital Stewardship Training
/ Airfare / Hotel
/ taxi's / parking

12.b. Amount. **1262²⁰**

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Lakin Law Firm**

Trade Name, if any: **Law Firm**

P.O. Box, Bldg., Room No., if any

Street **301 Evans Ave.**

City **Wood river**

State **Illinois** ZIP Code + 4 **62095**

14.a. Nature of payment.

Gift
Omaha Steaks

13.b. Is the Business an Employer **yes** or Consultant ?

14.b. Amount of payment.

143⁰⁰

Name of Person Filing Kevin L. Starr	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Southern Illinois LECET</p> <p>Trade Name, if any: LECET</p> <p>P.O. Box, Bldg., Room No., if any P.O.# 1240</p> <p>Street</p> <p>City Marion</p> <p>State Illinois ZIP Code + 4 62959</p>	<p>9. Business deals with:</p> <p>a. Labor Organization</p> <p><input checked="" type="radio"/> b. Trust</p> <p>c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name LECET</p> <p>Trade Name, if any: LECET</p> <p>P.O. Box, Bldg., Room No., if any P.O.# Box 1240</p> <p>Street</p> <p>City Marion</p> <p>State Illinois ZIP Code + 4 62959</p>	<p>11.a. Nature of such dealing.</p> <p>Laborers Employers Cooperation and Education Trust (LECET) secures projects and jobs, increasing Union sector market share. Advertiser, their services, develops a work-force, and advances shared market related interests.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p>Knife & Flask</p> <p>12.b. Amount. 42.81</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name Lakin Law Firm</p> <p>Trade Name, if any: Law Firm</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 301 Evans Ave</p> <p>City Woodriver</p> <p>State Illinois ZIP Code + 4 62095</p>	<p>14.a. Nature of payment.</p> <p>Southern & Central Illinois Laborers District Council Christmas party</p>
<p>13.b. Is the Business an Employer yes or Consultant ?</p>	<p>14.b. Amount of payment.</p> <p>65.00</p>

Name of Person Filing Kevin L. Starr	File Number U-
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8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name **Lakin Law Firm**

Trade Name, if any: **Law Firm**

P.O. Box, Bldg., Room No., if any

Street **301 Evans Ave.**

City **Woodriver**

State **Illinois** ZIP Code + 4 **62095**

14.a. Nature of payment.

**Southern & Central Illinois
Laborers District Council
Annual Hunt
Friday Lunch & Dinner
Saturday Breakfast, Lunch, Dinner
Hotel Room 2 nights
Pheasant Hunt
Trap Shoot**

13.b. Is the Business an Employer **yes** or Consultant ?

14.b. Amount of payment.

343.63